

[29th November, 1955]

APPENDIX VII.

[Vide item V on page 613 supra.]

COMMITTEE ON ESTIMATES.

(Constituted on the 21st March 1955.)

CHAIRMAN.

1 Dr. U. KRISHNA RAO.

MEMBERS.

2 The Hon. the Minister for Finance (Ex officio).

3 Sri T. ANANTHA PAI.

4 Sri R. S. ARUMUGAM.

5 Sri N. GOPALA MENON (till 27th September 1955).

6 Sri S. JAYARAMA REDDIAR.

7 Sri D. KRISHNAMURTHI GOUNDER.

8 Sri T. C. NARAYANAN NAMBIAR.

9 Sri M. NARAYANA KURUP.

10 Sri P. B. K. RAJA CHIDAMBARAM.

11 Sri K. RAJARAM.

12 Sri S. RAMALINGAM.

13 Sri V. K. RAMASWAMI MUDALIAR.

14 Sri A. RATNAM.

15 Sri S. SWAYAMPRAKASAM.

16 Dr. P. VARADARAJULU NAIDU (from 4th October 1955).

SECRETARIAT.

Sri T. HANUMANTHAPPA—*Secretary*.Sri A. MANICKAVELU—*Assistant Secretary*.

PART I—REPORT.

I

INTRODUCTION.

1. The Chairman of the Committee on Estimates, having been authorized by the Committee to submit the Report on their behalf, present this, the First Report.

2. The Committee on Estimates is one of the Committees newly constituted in accordance with the Madras Assembly Rules framed under clause (1) of Article 208 of the Constitution. These rules came into force on the 15th December 1954 and the Committee was constituted on the 21st March 1955 under the provisions contained in rule 162.

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II

FUNCTIONS OF THE COMMITTEE.

The functions of the Committee are—

(a) to report what economies, improvements in organization, efficiency or administrative reform, consistent with the policy underlying the estimates may be effected;

(b) to suggest alternative policies in order to bring about efficiency and economy in administration;

(c) to examine whether the money is well laid out within the limits of the policy implied in the estimates; and

(d) to suggest the form in which the estimates shall be presented to the Legislature.

III

SITTINGS OF THE COMMITTEE AND SPEAKER'S INAUGURAL ADDRESS.

3. The Committee held ten sittings from the date of its constitution to the date of this Report. The first sitting of the Committee was held on the 31st March 1955. Sri J. Sivashanmugam Pillai, M.A., the then Speaker of the Madras Legislative Assembly, inaugurated the Committee with a short speech—(vide Appendix I).*

IV

SELECTION OF ESTIMATES FOR SCRUTINY BY THE COMMITTEE.

4. At its second meeting on the 1st April 1955, the Committee decided to scrutinize the estimates relating to the following departments :—

(1) Public Works Department (Communications);

(2) Public Works Department (Buildings);

(3) Agricultural Machinery;

(4) Hospital Supplies, Medicines, etc.; and

(5) Sanitary Engineering Department.

Four sub-committees with five members on each were formed to prepare the questionnaire in respect of the above items. Accordingly the questionnaire framed by the sub-committees were forwarded to the departments concerned for replies.

* Pages 698-700.

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SCRUTINY OF THE ESTIMATES PERTAINING TO HOSPITALS AND DISPENSARIES.

5. Information called for in the questionnaire relating to hospital supplies, etc., was received first from the Health, Education and Local Administration Department, and hence, the Committee took up the scrutiny of the estimates pertaining to hospitals. The main object was to go into the question of the purchase of medicines, stores, diet articles, linen, etc., in hospitals. Incidentally, the Committee also considered the other points connected with the Hospital Administration.

6. The total estimated expenditure for Medical Department, i.e., Grant XVI—Medical is Rs. 3,15,99,800—Voted and Rs. 1,000—Charged. Out of this, the Estimate for Hospitals and Dispensaries is Rs. 2,47,71,300 made up of the following items :—

	RS.
Presidency Hospitals (excluding the Hospital of Indian Medicine).	82,58,700
Mufassal Hospitals and Dispensaries ..	1,42,13,200
Hospitals and Dispensaries of Indigenous Medicine.	5,91,200
Government Medical Officers employed in Institutions under the control of local bodies—	
Taluk Headquarters Institutions ..	1,05,200
Other Institutions	1,71,600
Grants to local bodies for medical purposes.	3,62,500
Grants to private medical institutions ..	7,38,600
Anti-Tuberculosis Centre for Teaching and Demonstration, Madras.	1,99,300
Subsidies to Medical Practitioners and Midwives for the maintenance of rural dispensaries.	1,20,000
Grants to Hind Kusht Nivaran Sangh (Madras State Branch).	13,000
Mental Hospital	15,79,000
Development Schemes—	
Presidency Hospitals excluding the Hospital of Indigenous Medicine.	3,22,600
Training of pupil-compounders	18,000
Improvements to hospitals	3,500

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Development Schemes—*cont.*

	RS.
Local Authorities Medical Institutions taken over by Government.	1,98,800
Leprosy relief	1,36,300
Training of midwives	1,22,600
Primary centres	4,21,700
Total ..	2,75,73,800

ORGANIZATIONAL SET-UP OF THE MEDICAL DEPARTMENT.

7. The head of the Medical Administration including the Department of Indigenous Medicine is the Director of Medical Services. He is assisted by the following officers in the head office :—

- | | |
|--|---|
| (1) Assistant Director of Medical Services (Indigenous Medicine). | } Civil Surgeons. |
| (2) Assistant Director of Medical Services (Medical). | |
| (3) Assistant Director of Medical Services (Employees' State Insurance). | |
| (4) Assistant to the Director of Medical Services (Accounts). | } (Non-medical)
Gazetted Assistants. |
| (5) Assistant to the Director of Medical Services (Administration). | |
| (6) Manager. | |

8. In the City, the General Hospital, the Stanley Hospital and the Hospital of Indigenous Medicine with the colleges attached are each under the charge of a Dean. The other city hospitals are in charge of the Superintendents of the rank of Civil Surgeons. In the mufassal, all District Headquarters Hospitals are maintained by the Government. Each hospital is in charge of a District Medical Officer, who is of the rank of a Civil Surgeon. The hospital at Fort Cochin though not a District Headquarters Hospital is in charge of an officer of the rank of Civil Surgeon in view of the special importance of that station. The District Medical Officers are responsible to the Director of Medical Services not only in regard to the efficient functioning of the hospitals in their charge but also in respect of the medical institutions in the taluk headquarters and other rural areas. The District Medical Officers are assisted by Assistant Surgeons one of whom is designated as Assistant District Medical Officer. Almost all hospitals at the taluk headquarters are maintained by the Government and even the few taluk headquarters hospitals at present maintained by the local bodies are manned by Government Medical Officers. The District Medical Officers exercise supervision over the professional work of the Medical Officers in charge of Local Fund and Municipal Medical Institutions.

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9. The scheme of rural medical relief is in vogue in this State, according to which medical practitioners and maternity assistants are encouraged to settle in villages to render free medical and maternity aid to the poor people. In certain cases, the Government meet the subsidy to the rural medical practitioners and maternity assistants. The local bodies meet the cost of medicines and drugs and they pay the dispensary's servants.

10. In order that the District Medical Officers and the Superintendents of larger hospitals may pay more attention to professional work, Lay Secretaries and Treasurers have been appointed in those hospitals to be in charge of the non-technical organization of the institutions, e.g., accounts, cash, etc.

VISIT TO MEDICAL INSTITUTIONS.

11. The Committee visited the following Medical Institutions in this State with a view to get first-hand knowledge of the working of the hospitals in the Madras City and in the District Headquarters :—

- (1) Government General Hospital, Madras;
 - (2) Government Stanley Hospital, Madras;
 - (3) Government Mental Hospital, Madras;
 - (4) Government Hospital of Indigenous Medicine, Madras;
- and
- (5) Government District Headquarters Hospital, Coimbatore.

OUT-PATIENT DEPARTMENT.

12. During their visit to the General Hospital, Madras, the Committee observed that there was heavy rush in the Out-patient department and that many of the patients were not able to reach the particular departments or sections to which they had been directed. Sign boards, however bold, may not be adequate to guide the patients to the various departments or sections, as most of the patients who attend the Out-patient department, are illiterates. To obviate this difficulty, the Committee feel that the practice of having some guides in the Out-patient department, in the more-crowded city hospitals, should be introduced. These guides, properly chosen and instructed, can, in the opinion of the Committee, become one of the most important links of the administrative machinery in a hospital.

13. Some social organizations in the State may be approached to take up this work. If they are not forthcoming, steps may be taken by the hospitals to post some Nurses and Nursing Orderlies in the Out-patient departments of the hospitals to assist the patients during working hours.

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14. The Committee found that in the Government Stanley Hospital and in the Coimbatore District Headquarters Hospital, Out-patient treatment was available in the evening as well. Such treatment was not available in the Government General Hospital and in some of the Taluk and District Headquarters Hospitals. The Committee recommend that out-patient treatment in the evenings also may be introduced in the case of the Government General Hospital, Madras, and in all District and Taluk Headquarters Hospitals where such treatment did not exist.

OVERCROWDING IN HOSPITALS.

15. The Committee note that in almost all the hospitals, the occupied bed-strength is at least one-and-a-half times the sanctioned bed-strength. The sanctioned bed-strength and the occupied bed-strength in some of the hospitals as furnished by the authorities in the respective hospitals at the time of the Committee's visit were as follows :—

<i>Name of the hospital.</i>	<i>Sanctioned bed-strength.</i>	<i>Occupied bed-strength.</i>
1 Government General Hospital, Madras ..	900	1,313
2 Government Mental Hospital, Madras ..	888	2,053
3 Government District Headquarters Hospital, Coimbatore.	500	733
4 Government Stanley Hospital, Madras ..	724	860

On account of this overcrowding, the Committee found that many patients were put not only between beds but also in the veranda.

A statement showing the bed-strength, total expenditure, income, etc., in all Government Hospitals in the City and the District Headquarters hospitals in the State is appended (Appendix IV).

16. Another feature which the Committee observed in the hospitals was that the patients who have been admitted over and above the sanctioned bed-strength were put on the floor. The committee fell in at instead of keeping them on the floor, cots of a cheap variety like charpoys, may be provided for them also.

17. During the visit to the Government District Headquarters Hospital, Coimbatore, the Committee observed a ward which was not a pucca structure but only a shed, constructed at a cheap cost. The Committee feel that instead of spending large sums of money on the construction of pucca buildings, such sheds may be put up wherever possible, and the bed-strength of the hospitals increased. After all, patients only want their diseases to be cured. If such sheds are kept neat, the construction of buildings at heavy costs can certainly be avoided.

18. The Committee also take note of the fact that it will not be possible for the Government to construct buildings at all places where there is necessity to extend the hospital buildings. The Committee therefore recommend that, if the public in any

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locality come forward with necessary funds for the construction of new hospitals or for the extension of the existing ones, the Government should render all help necessary in that direction, and should wherever necessary take over the buildings after their completion and sanction necessary staff and other hospital necessities in that regard. The Committee also feel that the Government should appeal to the public to help the Government in the matter of buildings.

19. The Committee suggest that all Taluk and District Headquarters Hospitals and the Royapetta Hospital in the City should be upgraded and their bed-strength increased. This will bring more and better medical relief to the villagers and also reduce the existing overcrowding in the City hospitals. The Committee also feel that the cost of maintenance of a bed in the mufassal hospitals will be much cheaper than in the City hospitals.

20. It was suggested to the Committee that there were chronic patients (patients who are in the hospitals for a number of years) in the hospitals and if separate provision was made to accommodate them elsewhere, over-crowding could be reduced to some extent. The Committee agree with that suggestion and recommend that a Chronic Diseases Hospital with sufficient bed-strength and with less number of doctors and nurses may be provided. At the same time the Committee note that provision has been made in the draft proposals for the Second Five-Year Plan for the construction of a Chronic Diseases Hospital in this State.

DIET.

21. In the Budget Estimates for the year 1955-56, a sum of about Rs. 65,00,000 has been provided for diet in all the hospitals in the State. The Committee gathered that there were Indian diet, European diet and other special diet like diabetic diet, children's diet, etc. Now-a-days, Europeans are not admitted in such large numbers as before. The Committee are of opinion that European diet may be abolished.

22. The Committee gathered that in some hospitals there was no classification in the diet as 'Vegetarian' and 'Non-Vegetarians'. But, non-vegetarian dishes were supplied thrice a week and on those days vegetarians were supplied with only rice and *rasam*. The Committee feel that on the days when non-vegetarian dishes are supplied, the vegetarians should also be supplied with their usual diet.

23. In order to effect reduction in the expenditure on diet, the Committee suggest that except in the case of the absolutely indigent, the acutely sick and the post-operation patients, in all other cases self-dieting could be permitted if the doctor agrees to it and the patient so desires.

24. The Committee understand that at present in the Government Stanley and General Hospitals there are five nuns each on Rs. 90 per month whose main duty is to see that the food cooked

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in the kitchen reaches the patient without any pilferage in-between. The committee suggest that the nutrition authorities may be asked to visit the kitchens of the hospitals once a week and give necessary instructions for the proper preparation of the food.

PURCHASE OF DIET ARTICLES.

25. The ad-hoc Committee appointed by the Government in 1949 to examine the system of supply of diet articles, etc., to Government Medical Institutions considered that it might not be immediately practicable to open a Central Stores for the supply of non-perishable diet articles. The Committee, therefore, suggest the desirability of reconsidering the question of the starting of a Central Stores for the purchase of the major diet articles. The Committee think that the details of the scheme may be worked out and action taken on it by the Government.

LINEN.

26. One of the important hospital necessities is linen. The Committee understand that the policy of the Government is that only khadi should be used for all items of clothing (including bed sheets and table cloths), theatre coverings, window curtains, etc. The cost of certain items of clothing made of khadi, and handloom and also cloths supplied by jail is as follows :—

Name of article.	Mill-made.			Jail-made.			Handloom.			Khadi.		
	RS. A. P.			RS. A. P.			[RS. A. P.]			RS. A. P.		
Bed-sheet	6	0	0	9	10	6	7	15	0	13	1	0
Draw-sheet				3	7	3	5	15	0	7	8	6
Jack towel				2	9	0				4	9	0
Patna towel				1	8	0				3	8	0
Mortuary-sheet				9	10	6				16	0	0
Twil, unbleached				0	11	6				1	14	6
Drill, unbleached				0	15	3				2	11	9

From the figures set out it is evident that khadi is costlier than the handloom and the jail-made cloth. It will be much cheaper if mull cloth is used. As regards durability also khadi does not last long. The Committee understand that khadi towels wear out even within six months, whereas mill cloth lasts longer. This results in bed-sheets becoming costlier when they have to be replaced by new ones when condemned. At the same time the Committee understand that a large number of people of this State numbering about 40,000 spinners and 2,000 weavers are engaged in the production of khadi. If khadi is not used, there will be a corresponding increase in the number of unemployed persons. The Committee, therefore, feel that encouragement has to be given for the production of khadi and its use popularized. But it is a matter for the Government to consider, whether popularization of khadi should take the form of use of khadi in hospitals or of giving subsidy to khadi organizations.

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MEDICINES.

27. The medicines required for the hospitals in this State are now obtained from the Medical Stores Depot. The depot is run by the Government of India. Indents are placed on the Medical Stores Depot. The available drugs are supplied and those not available are marked "Hereafter. Not available". The Committee understand that such drugs are never supplied. Now, the heads of medical institutions are allowed to purchase such drugs from the local market. They call for quotations from some of the reliable firms and purchase from the firm which quotes the lowest rate. The heads of institutions are allowed to purchase medicines worth Rs. 500 at any one time, from the open market.

28. The Medical Stores Depot purchases the medicines from the manufacturing firms through the High Commissioner's office in London. Naturally, the cost of medicines purchased from the Medical Stores Depot is higher than that of medicines obtained in the local market. In one hospital the Committee were able to gather that the cost of one drug was cheaper by Rs. 1,500 per year by purchasing it from the open market instead of from the Medical Stores Depot.

A list showing Medical Stores Depot rates and the rates at which certain other drugs were purchased by the same hospital in 1954 is given below :—

Name of drug.	Quantity.	Medical Stores Depot rate.			Local market rate.			Difference.		
		RS.	A.	P.	RS.	A.	P.	RS.	A.	P.
1 Multivite tablets ..	20,000	740	0	0	700	0	0	40	0	0
2 Sulphanilamide in lb.	75	454	11	0	356	4	0	79	7	0
3 Gardinal sodium amps.	2,000	875	0	0	700	0	0	175	0	0
4 Aqua Steralisata amps.	3,000	189	6	0	150	0	0	39	6	0

A list of some of the commonly used drugs with their cost in the Medical Stores Depot and in the open market is also given below :—

Item.	Medical Stores Depot rate.				Local rate.			
	RS.	A.	P.		RS.	A.	P.	
1 Pot. Iodide	18	0	0	per lb.	12	12	0	
2 Phenacetinum	7	0	0	do.	5	9	6	
3 Caffine Citras	20	0	0	do.	11	0	0	
4 Tr. Opium	5	0	0		7	0	0	
5 Tr. Ipecac	3	7	0		3	8	0	
6 Lt. Camphor	1	2	3		1	8	0	

29. The Committee understand that in addition to the cost of medicine, an extra amount is added towards packing charges which makes the medicine still costlier.

The Committee therefore feel that instead of getting the medicines from the Medical Stores Depot, it will be well to devise a system by which the heads of medical institutions may be authorized

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to purchase their requirements from the agents of the recognized manufacturing firms direct. If necessary, the Committee feel that the question of constituting a separate Medical Stores for this State may be examined by the Government.

INSTRUMENTS.

30. The instruments required for the medical institutions in this State are all purchased from the Medical Stores Depot. The Medical Stores Depot purchases them from foreign countries through the Office of the High Commissioner. In the result, the overhead charges are all placed on the instruments, and the cost of the instruments increased. A comparative statement showing the prices of certain items of hospital necessities with their cost as charged for by the Medical Stores Depot and by private agencies in the open market is given below :—

Item.	Medical Stores Depot rate.				Local rate.			
	RS.	A.	P.		RS.	A.	P.	
1 Bedpans	6	2	0	each.	4	9	1 each.	
2 Breast pump	3	12	0	do.	1	0	0 do.	
3 Catgut 2/0 Brauns	20	4	0	do.	14	0	0 do.	
4 Catheters I.R.	0	15	6	do.	0	6	1 do.	
5 C.T. Silk	1	8	0	do.	1	8	0 do.	
6 Mattress Dunlopillo 3' x 6' x 4" ..	211	0	0	do.	153	12	0 + sales tax each.	

Another comparative statement showing the prices of certain items of articles which one of the City Hospitals purchased in the year 1954 for its use is also given below :—

Name of drug.	Quantity.	Medical Stores Depot.			Local Market rate.			Difference.		
		RS.	A.	P.	RS.	A.	P.	RS.	A.	P.
1 Syringe all glass 10 c.c.	72	364	8	0	90	0	0	274	8	0
2 Syringe all glass 20 c.c.	36	90	0	0	22	8	0	67	8	0
3 Syringe all glass 20 c.c.	12	139	8	0	27	8	0	112	0	0
4 Spinal needles ..	50	315	10	0	188	0	0	127	10	0
5 Knee hammer ..	6	45	6	0	21	0	0	24	6	0
6 Ethyl chloride spray ..	40	85	0	0	80	0	0	5	0	0

The Committee feel that direct purchase of instruments from foreign countries from the makers through their agents in India, if resorted to, will certainly bring the cost of such instruments lower than quoted by the Medical Stores Depot. The delay in getting the instruments may also be avoided. The Committee again feel that as far as possible instruments made in India should be encouraged. It was pointed out that Indian-made instruments were not so good as the foreign-made ones. The Committee recommend that a separate committee consisting of experts should be constituted to go into the question of suitability or otherwise of using locally-made surgical and other instruments.

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MALE NURSES.

31. The system of male nursing was introduced in Madras in the year 1937. At present the proportion of male nurses to female nurses is 1 : 6. The Committee feel that male nurses have a definite place in police hospitals and in the men's sections of the Mental and Venereal Diseases departments of other hospitals. The Committee recommend that with regard to other places female nurses may be employed.

OCCUPATION THERAPY IN THE MENTAL HOSPITAL AND SUPPLY OF UNIFORMS TO WARD-BOYS AND PEONS IN THE OFFICES.

32. In the Mental Hospital, the Committee observed that in certain sections such as Occupation Therapy section the patients were taught occupations like weaving, spinning, tailoring, gardening, etc., and these sections proved to be a source of income to the Government (vide Appendix III).^{*} The Committee recommend that such sections should be increased and encouraged. In these sections the necessary yarn may be supplied and cloths for the peons and ward-boys may also be produced. With regard to stitching of the cloths, the Committee recommend that tailoring made to measurements may be adopted. At present there seems to be some delay in the supply of uniforms by the Controller of Stationery. This may be investigated and delay avoided. The Committee are of opinion that all cloths may be stitched by the tailors who are in the permanent employment of the hospitals.

VI

INDIGENOUS SYSTEM OF MEDICINE.

33. The College of Indigenous Medicine was started in the year 1925 for teaching both systems of medicines, the idea being that the system of indigenous medicine was not complete and that the knowledge gained in the modern system of medicine with the aid of science and experiments could be used to study the indigenous system. Various committees since that time have gone into this question and have tried to improve the integrated study of the two systems of medicine.

The Committee gather that much progress however has not been made under this integration. The Committee were told that the teaching on the modern side in the College of Indigenous Medicine was not equal to that of the M.B.B.S course. The Committee also understand that the doctors, after leaving the college, practise only the modern system of medicine, even though their knowledge in that system is much limited. The Committee therefore question the wisdom of having such an integrated course. The Committee feel that in the College of Indigenous Medicine, only indigenous systems of medicine should be taught and for this purpose suggest the appointment of an expert committee to go into this question and come to a definite conclusion. If, however, it is decided that the present system should continue, the Committee

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would recommend the upgrading of the teaching of allopathic system of medicine and the formation of a research department where research into the drugs of Indian medicine should be done by those qualified and competent to do it. In case it is decided to have this as a Shudda Ayurvedic College, the present high standard for entrance like a pass in the Intermediate Examination may not be necessary.

VII

ALLEGED CORRUPT PRACTICES PREVAILING IN THE GOVERNMENT HOSPITALS AND DISPENSARIES IN THE STATE.

34. There was a general feeling among the Members of the Committee that there is a certain amount of corrupt practices existing in Hospitals in the matter of admissions, treatment, as also the supply of diet. The Committee, however, did not go into the question in detail. The Committee suggest the appointment of a special committee to investigate into this matter.

VIII

CONCLUSION.

35. After having gone into the working of the hospitals in this State the Committee find that the scope for reducing the expenditure is not much. Wherever they went the Committee found overcrowding and the present strength of staff was not able to cope with the work. Almost all the hospitals have to deal with more number of patients than what has been provided for. However, the Committee have made the above recommendations having in view the need for economizing the expenditure on the one hand and the efficient running of the institutions on the other though the latter objective may result in some extra expenditure.

The Committee place on record their thanks to the Director of Medical Services and the Deans of the General Hospital, Stanley Hospital, and the Hospital of Indigenous Medicine, the Superintendent of the Mental Hospital, the District Medical Officer, Coimbatore, the Collector of Madras and the Chairman of the General Hospital Advisory Committee for the valuable assistance that they gave to the Committee in their work.

U. KRISHNA RAO,
Chairman.

GOVERNMENT ESTATE, MOUNT ROAD, MADRAS,

11th November 1955.

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PART II—MINUTES.**FIRST MEETING.****31st March 1955.**

The Committee met from 4-30 p.m. to 5-15 p.m. in the Chamber of the Hon. the Speaker.

PRESENT :

1 Dr. U. Krishna Rao—Chairman.

Members.

2 Sri T. Anantha Pai.

3 Sri R. S. Arumugam.

4 Sri N. Gopala Menon.

5 Sri S. Jayarama Reddiar.

6 Sri D. Krishnamurthi Gounder.

7 Sri M. Narayana Kurup.

8 Sri T. C. Narayanan Nambiar.

9 Sri P. B. K. Raja Chidambaram.

10 Sri K. Rajaram.

11 Sri S. Ramalingam.

12 Sri S. Swayamprakasam.

Secretariat.

Sri T. Hanumanthappa—Secretary.

Invitees.

1 Sri J. Sivashanmugam Pillai, Hon. Speaker.

2 Sri T. A. Verghese, Secretary to Government, Finance Department.

INAUGURATION BY THE SPEAKER.

1. At the request of the Chairman of the Committee, the Hon. Speaker inaugurated the first meeting of the Committee on Estimates. He traced the history of the Committee in the House of Commons and also explained the usefulness of such a Committee in India.

The Committee then adjourned to meet again at 4 p.m. on Friday, the 1st April 1955, in the Secretary's room.

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SECOND MEETING.

1st April 1955.

The Committee met from 4 p.m. to 4-30 p.m. in the Secretary's room.

PRESENT :

1 Dr. U. Krishna Rao—*Chairman.*

Members.

- 2 Sri T. Anantha Pai.
- 3 Sri R. S. Arumugam.
- 4 Sri N. Gopala Menon.
- 5 Sri S. Jayarama Reddiar.
- 6 Sri D. Krishnamurthi Gounder.
- 7 Sri P. B. K. Raja Chidambaram.
- 8 Sri K. Rajaram.
- 9 Sri S. Ramalingam.
- 10 Sri V. K. Ramaswami Mudaliar.
- 11 Sri A. Ratnam.
- 12 Sri C. Subramaniam.
- 13 Sri S. Swayamprakasam.

Secretariat.

Sri T. Hanumanthappa—*Secretary.*

Invitee.

Sri T. A. Verghese, Secretary to Government, Finance Department.

SELECTION OF ESTIMATES FOR SCRUTINY.

2. After some discussion as to which of the Departments the Committee should scrutinize during the year the Committee decided to take up the following items, viz., (1) Public Works Department (Communications), (2) Agricultural machinery, (3) Public Works Department (Buildings), and (4) Hospital supplies, medicines, etc.

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FORMATION OF SUB-COMMITTEES.

3. The Committee also decided to form four sub-committees and entrust the scrutiny of each of the above departments to one of the sub-committees. Accordingly the following sub-committees were formed :—

Sri P. B. K. Raja Chidambaram	} Sub-Committee on Public Works Department (Communications).
Sri S. Jayarama Reddiar	
Sri D. Krishnamurthi Gounder	
Sri N. Gopala Menon	
Sri R. S. Arumugam	

Sri K. Rajaram	} Sub-Committee on Agricultural Machinery.
Sri P. B. K. Raja Chidambaram	
Sri V. K. Ramaswami Mudaliar	
Sri S. Ramalingam	
Sri S. Jayarama Reddiar	

Sri S. Swayamprakasam	} Sub-Committee on Public Works Department (Buildings).
Sri R. S. Arumugam	
Sri T. Anantha Pai	
Sri T. C. Narayanan Nambiar	
Sri K. Rajaram	

Sri S. Ramalingam	} Sub-Committee on Hospital Supplies, Medicines, etc.
Sri S. Swayamprakasam	
Sri A. Ratnam	
Sri M. Narayana Kurup	
Sri T. Anantha Pai	

4. The Committee resolved that the Chairman should be a Member of all the Sub-Committees.

The Committee adjourned *sine die*.

THIRD MEETING.

23rd June 1955.

The Committee met from 11 a.m. to 1 p.m. and 2-30 p.m. to 4-30 p.m. in the Committee Room.

PRESENT :

1 Dr. U. Krishna Rao—*Chairman*.

Members.

2 Sri T. Anantha Pai.

3 Sri R. S. Arumugam.

4 Sri S. Jayarama Reddiar.

5 Sri D. Krishnamurthi Gounder.

6 Sri M. Narayana Kurup.

7 Sri T. C. Narayanan Nambiar.

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- 8 Sri K. Rajaram.
- 9 Sri S. Ramalingam.
- 10 Sri V. K. Ramaswami Mudaliar.
- 11 Sri A. Ratnam.
- 12 Sri C. Subramaniam.
- 13 Sri S. Swayamprakasam.

Secretariat.

Sri T. Hanumanthappa—*Secretary.*

Witnesses.

Sri K. Ghulam Mahmood, Joint Secretary to Government, Health, Education and Local Administration Department.

Lieut.-Col. Sangham Lal, Director of Medical Services.

Sri R. Rangachari, Additional Deputy Secretary to Government, Finance Department.

(Sri T. A. Varghese, Secretary to Government, Finance Department, was present in the forenoon. The witnesses were present in the afternoon.)

5. The proceedings opened with a welcome speech from the Chairman.

PROCEDURAL MATTERS.

6. The Committee decided that a note should be circulated to all the heads of departments informing them of the importance of the Committee and requesting them to forward their replies to the questionnaire of the Committee as early as possible.

7. It was agreed that for a meeting of the Committee ten days' notice was necessary and that the programme fixed for the meeting needed no change.

RULES OF PROCEDURE OF THE COMMITTEE (INTERNAL WORKING).

8. The Committee then considered the Draft Rules of Procedure (Internal Working).

9. Rule 1 was approved with the omission of the words "At the beginning of each financial year".

10. Rules 2 to 7 were approved.

11. While considering rule 8, the Committee decided to ascertain the practice in the Lok Sabha on the following points :—

(1) Whether the Ministers are invited to attend the meetings of the Committee on Estimates and to give their views?

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(2) Whether outsiders or non-officials who may be competent to give expert opinion are permitted to be invited to attend the meetings of the Estimates Committee to give their expert advice?

12. Rules 9 and 10 were approved.

13. Rule 11 was agreed to in the following amended form :—

“ 11. A record of the proceedings of each meeting will be kept by the Secretary; but a verbatim record of the evidence will also be kept.”

14. Rule 12 was approved.

15. The Committee decided to delete rule 13 in the light of rule 14 and the provisions in the Madras Assembly Rules.

16. Rules 14 to 17 were approved.

17. The Committee considered whether the proposed rule 18 will go against the spirit of the Assembly Rules. It was agreed that the Lok Sabha might be addressed in the matter and if their rules did not provide for minutes of dissent in respect of the Reports of the Committee, steps might be taken to amend the Assembly Rules.

18. Rule 19 was agreed to with the substitution of the words “ other than ” for the words “ who is not a member or.”

19. Rules 20 to 22 were approved. The Committee however wanted to know whether advance copies of the Report could not be made available to other Ministers also as was done in the case of the Finance Minister. The Chairman said that the practice in the Lok Sabha in this regard might be ascertained.

20. Rule 23 was approved with the omission of the second sentence.

21. Rule 24 was approved.

22. The Committee felt that rule 25 was unnecessary and decided to omit the same.

23. Rule 26 was approved.

PROGRAMME OF SITTINGS.

24. The Committee decided to sit till 1 p.m. and meet again at 2-30 p.m. to examine the Director of Medical Services. It was also decided to visit the General Hospital and the Hospital of Indigenous Medicine and if possible the Stanley Hospital on the 24th morning and to meet at 3 p.m. in the Committee Room on that day to decide the further programme of work.

VISIT TO DISTRICT AND TALUK HEADQUARTERS HOSPITALS.

25. In order to enable the members to get first-hand knowledge of the working of the Hospitals in the district and taluk headquarters, it was agreed that the Government should be addressed to permit the members of the Committee to visit some Taluk and District Headquarters Hospitals selected at random.

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HOSPITAL OF INDIGENOUS MEDICINE.

26. On a request from Sri T. C. Narayanan Nambiar, it was decided to call for the details in respect of the working of the Hospital of Indigenous Medicine, Chetput, on the lines of those obtained in respect of the other hospitals.

CONSIDERATION OF THE LETTERS FROM SRI A. RATNAM, A MEMBER OF THE COMMITTEE.

27. The Chairman read out the letters received from Sri A. Ratnam requesting the Committee to obtain information from the Director of Harijan Welfare on certain points relating to the Removal of Untouchability Scheme subsidized by the Government of India. After some discussion, the Committee decided not to take any action on the letters.

(At this stage, the Committee rose for lunch.)

(After lunch.)

28. On being asked as to the District and Taluk Headquarters Hospitals he would suggest for the Committee to visit, the Director of Medical Services stated that Coimbatore and Tiruppur might be selected. Accordingly, the Committee decided to visit the hospitals at Coimbatore and Tiruppur.

MEDICAL ADMINISTRATION.

29. As desired by the Committee, the Director of Medical Services gave a general background of the Medical Administration in the State. He stated that there were two categories (subsidized and non-subsidized) of Rural Medical Practitioners practising either Indigenous or Modern Medicine. Although there was provision for about 400 dispensaries, only 50 subsidized and 147 non-subsidized dispensaries existed now. The dispensaries were not working well because the rural practitioners were given only Rs. 900 plus Rs. 1,000 for medicine per year.

30. Then, there were the Local Fund dispensaries and hospitals run by Local Boards. The Local Boards did not pay the doctors enough salary. About 26 Taluk Headquarters Hospitals were run by District Boards and the rest by Government. The bed-strength of those hospitals varied from 6 to 10. The Government doctors were posted to the Taluk Headquarters Hospitals under the Local Boards.

31. The Committee elicited suggestions of the Director of Medical Services in regard to the Taluk Headquarters Hospitals under the Five-Year Plan.

32. Reverting to the subject of Medical Administration in the district level, the Director of Medical Services said that the administration of the District Hospital was in the hands of

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the District Medical Officer, who was also the Advisor to the Local Boards and to the Community Development Project Officers. They had paid and honorary staff, employed according to the requirements of the hospitals. The paid and honorary surgeons were given facilities to perform their duty independently of the District Medical Officer. Most of the hospitals had X-Ray Units, Tuberculosis clinics, Blood Banks, Operation theatres, etc., and fairly good medical aid was provided there.

MEDICAL STORES DEPOT.

33. The Director of Medical Services informed that medicines were supplied by the Medical Stores Depot run by the Government of India to most of the States. There were two or three States, for instance, Uttar Pradesh, which did not purchase their requirements from the Medical Stores Depot. There were advantages and disadvantages in purchasing medicines from that depot. If the medicines were obtained direct from the market, there would be a saving of 25 per cent but at the same time there would be great scope for complaint.

FURNITURE AND CLOTH.

34. The Director of Medical Services stated that the furniture intended for hospitals were obtained from the jails which were very costly. About cloth, he stated that they had to purchase khadi, which was more expensive and which wore off quickly. Quoting an instance, the Director of Medical Services said that a bed-sheet, which used to cost Rs. 1-8-0, now cost Rs. 16. There were also complaints from Nursing Orderlies about the dress supplied to them.

35. The Committee enquired about the saving that would be effected if khadi was given up and the purchase of other cloth was allowed. The Director of Medical Services stated that the cost would then be only two-thirds of the present amount.

STAFF.

36. The Committee gathered that the present staff was over-worked. Actually, the strength of doctors required to be trebled and that of the nursing staff increased to five times the present strength. When the Committee asked the reasons for the delay in supplying uniforms for the last grade servants, it was stated that the supply had to come from the Superintendent of Stationery.

37. The Chairman requested the members to assemble in the Legislators' Hostel at 8-30 a.m. on 24th June 1955 to visit the hospitals.

The Committee then adjourned to meet again at 3 p.m. on Friday, the 24th June 1955.

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FOURTH MEETING.

24th June 1955.

The Committee met from 3 p.m. to 4-10 p.m. in the Committee Room.

PRESENT :

1 Dr. U. Krishna Rao—*Chairman.*

Members.

- 2 Sri T. Anantha Pai.
- 3 Sri R. S. Arumugam.
- 4 Sri S. Jayarama Reddiar.
- 5 Sri D. Krishnamurthi Gounder.
- 6 Sri M. Narayana Kurup.
- 7 Sri T. C. Narayanan Nambiar.
- 8 Sri K. Rajaram.
- 9 Sri S. Ramalingam.
- 10 Sri V. K. Ramaswami Mudaliar.
- 11 Sri A. Ratnam.
- 12 Sri S. Swayamprakasam.

Secretariat.

Sri T. Hanumanthappa—*Secretary.*

(Sri R. Rangachari, Additional Deputy Secretary to Government, Finance Department, was also present.)

38. The Chairman informed the Members of the Committee that if they had further questions to ask in the light of experience gained by them during their visit to the hospitals, they could send them to the Legislature Secretariat for getting the replies from the department and circulating them to members.

39. It was agreed to combine the inspection of other works and institutions connected with other departments during the visit of the Committee to Coimbatore.

40. The Committee decided to visit Coimbatore on the 19th and 20th July 1955 and re-assemble at Madras at 11 a.m. on the 29th and 30th July 1955 in the Committee Room. The Chairman stated that the exact places to be visited by the Committee would be fixed up in consultation with the Minister for Finance.

41. The Committee also decided to visit the Women and Children Hospital and the Stanley Hospital, Madras, on a future date to be decided.

The Committee then adjourned.

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FIFTH MEETING.

29th July 1955.

The Committee met from 11 a.m. to 1 p.m. and from 2-30 p.m. to 4-30 p.m. in the Committee Room.

PRESENT :

1 Dr. U. Krishna Rao—*Chairman*.

Members.

- 2 Sri T. Anantha Pai.
- 3 Sri R. S. Arumugam.
- 4 Sri N. Gopala Menon.
- 5 Sri S. Jayarama Reddiar.
- 6 Sri D. Krishnamurthi Gounder.
- 7 Sri M. Narayana Kurup.
- 8 Sri T. C. Narayanan Nambiar.
- 9 Sri K. Rajaram.
- 10 Sri V. K. Ramaswami Mudaliar.
- 11 Sri A. Ratnam.
- 12 Sri S. Swayamprakasam.

Secretariat.

Sri T. Hanumanthappa—*Secretary*.

Witnesses.

- 1 Lieut.-Col. Sangham Lal, Director of Medical Services.
- 2 Dr. C. K. Prasada Rao, Dean, Government General Hospital, Madras.
- 3 Dr. K. N. Pisharoty, Dean, Government Stanley Hospital, Madras.
- 4 Dr. A. Srinivasalu Naidu, Dean, Hospital and College of Indigenous Medicine, Madras.
- 5 Sri Abdul Hameed Khan, Chairman of the General Hospital Advisory Committee.

(The witnesses were present at the afternoon meeting of the Committee.)

RULES OF PROCEDURE OF THE COMMITTEE.

42. The Committee considered rules 8, 18 and 20 of the Rules of Procedure of the Committee (Internal Working) which were not approved on the 23rd June 1955 pending clarification from the Lok Sabha on certain points and decided as follows :—

- (1) Rule 8 be approved as it was;

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(2) No special provision need be made in the rules in the matter of taking evidence from non-officials;

(3) Madras Assembly Rules be amended so as to permit no minutes of dissent to the reports of the Committee on Estimates;

(4) Rule 20 be approved with the omission of the words " and the Finance Minister " in line 4.

PAYMENT OF TRAVELLING ALLOWANCE TO WITNESSES SUMMONED BEFORE THE COMMITTEE.

43. The Committee considered the question of payment of travelling allowance to the witnesses who may be summoned before the Committee for giving evidence on the Estimates under consideration and it was decided that the question might be examined by the Legislature (Assembly) Secretariat.

VENUE OF SITTINGS.

44. The Committee decided that the Rules of the Assembly might be so amended as to enable the Hon. the Speaker to accord permission to hold the sittings of the Committees of the Assembly outside Madras or to visit places outside Madras in connexion with the work of such Committees and that the working of the rule might be watched for a year.

ELICITING OF INFORMATION ON CERTAIN FURTHER POINTS.

45. The Committee wanted to elicit information on the following points :—

(1) Details of administration of the Drugs Act, 1940, e.g., number of officers (clerks, Inspectors, etc.) employed for the purpose in the City and in the districts, under item 1—Medical Establishments.

(2) Details of expenditure incurred on international experts under item 2—Hospitals and Dispensaries.

(3) Details of expenditure on rates and taxes and buildings and equipment grant under the same head.

(4) Whether samples sent to the Imperial Serologist or the Chemical Examiner were Government samples or samples sent by private individuals and, if the latter, whether any charge was levied for such examination.

(5) Details of Development Schemes with special reference to the number of hospitals taken over by the Government from local bodies and the number of midwifery training centres opened newly.

(6) Details of expenditure on Government and Government-aided private tuberculosis sanatoria and anti-leprosy institutions with information as to the extent of Government control on the latter.

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VISIT TO MEDICAL INSTITUTIONS.

46. The Committee decided to visit the Mental Hospital at Kilpauk and the Tuberculosis Sanatorium at Tambaram.

CHRISTIAN MEDICAL COLLEGE HOSPITAL AT VELLORE.

47. The Committee decided to call for details of expenditure incurred by the Christian Medical College Hospital at Vellore on diet, beds, etc., in order to have a comparative study of figures and if, after scrutiny of the details, it was considered that a personal visit to the hospital would be more useful, the Committee might pay a visit to that hospital.

QUESTIONS TO BE PUT TO THE WITNESSES APPEARING BEFORE THE COMMITTEE IN THE AFTERNOON.

48. The Committee considered and decided the draft questions to be put to the witnesses appearing before the Committee in the afternoon.

(The Committee then rose for lunch.)

(After lunch—2-30 p.m.)

49. The Committee proceeded to examine the Director of Medical Services, the Deans of the General Hospital, the Stanley Hospital and the Hospital of Indigenous Medicine and Sri Abdul Hameed Khan, Chairman of the General Hospital Advisory Committee.

KEEPING OPEN THE OUT-PATIENT DEPARTMENT OF THE GENERAL HOSPITAL IN THE EVENING.

50. The Director of Medical Services stated that the Out-patient department of the General Hospital could be kept open in the evening also, if more staff was sanctioned for that purpose. The staff was divided into units and one unit a day worked for all the 24 hours of the day. The Chief Officers, after attending to out-patients till about 10-30 a.m., had to attend to teaching work till 1-30 or 2 p.m.

GUIDES IN THE OUT-PATIENT DEPARTMENT.

51. The Director of Medical Services stated that two or three ladies—social workers—might be appointed to guide the patients. In the year 1947-48, the social service organization took up that job, but subsequently they faded away.

NURSES.

52. The Director of Medical Services stated that the Government of India appointed a Committee to review the conditions of service, emoluments, etc., of the nurses and that the Health Minister of this State was the President. That Committee went

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into the question of employing married nurses. This State Government was of the view that there were lots of difficulties in employing them. But, the Bombay and Delhi States held a different view and in the end the Committee left it to the States concerned to decide the desirability or otherwise of appointing such nurses. In that connexion they also recommended that married girls should not be taken for training unless they were widows, and that unmarried girls taken for training should not be allowed to get married during the course of training. In respect of male nurses there were no such problems.

53. Regarding the question whether all the trained nurses had been employed, some two or three years ago they had a surplus of 250 trained nurses. As a result of that they had to cut down the training programme. At present the surplus was about 100. They were trying to provide them with employment as far as possible. They could not absorb all the trained nurses unless additional posts were sanctioned.

54. The Director of Medical Services also stated that the system of Male Nursing was started in this State in 1938. All the other States felt that there should be no such thing as "Male Nurses". This State had reduced the number of male nurses now. The proportion of male nurses to female nurses employed was 1 : 6. No doubt there were certain departments where male nurses would be more useful. The Director of Medical Services personally felt that the males had a small role to play as nurses.

SELF-DIETING.

55. The Director of Medical Services stated that in 1947-48 a Committee was appointed to find out the nutritional values of diets supplied in various hospitals. The Committee reported that on the whole the nutritional values of diets supplied in the hospitals were satisfactory. Again another Committee was appointed to find out (1) the nutritional value and (2) the methods of cooking that should be adopted to preserve the maximum value of nutrition in food. Along with that, the question of giving training to cooks was also under consideration. The report of the Committee had been sent to all the Deans and the final recommendations were not yet ready.

56. In respect of self-dieting, it would be extremely difficult to allow that especially in teaching hospitals. Home diet would not be suitable in serious cases requiring specialist treatment. Self-dieting would upset the teaching programme of the hospital. In non-teaching hospitals 90 per cent of the people could not afford to give a good diet. Self-dieting could be permitted provided it did not disturb the other patients and the work of the hospitals. If the Committee felt that self-dieting would be better, they could try it as an experimental measure in a few non-teaching institutions. Also, there would be no objection if the Committee felt that canteens could be opened by Government and good food

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supplied to patients. But, the management of such canteens should be under some other department and not under the Medical department.

MEDICAL STORES DEPOT.

57. As regards the purchase of medicines, the Director of Medical Services said, the starting of a State Stores would not be advantageous over the present system of purchasing through the Medical Stores Depot. If purchases were made directly or through State Stores, during times of emergency they had no right to expect help from any other part of India. For example, there were floods in Assam and Bihar, and there were shortage of stores. The Central Stores could immediately supply their needs. It was, therefore, desirable to have an All-India organization for such things.

MONETARY LIMIT ON THE PURCHASE OF MEDICINES BY THE HEADS OF MEDICAL INSTITUTIONS.

58. The monetary limit on the purchase of medicines by the heads of Medical Institutions might be increased if it was felt that because of the limit, there was delay in getting the required medicines.

HOSPITAL ADVISORY COMMITTEE.

59. The President of the General Hospital Advisory Committee said that there were two classes of recommendations made by the Hospital Advisory Committee—those that could be attended to by the Dean and the others by the Director of Medical Services. All the recommendations that could be attended to by the Dean were being implemented. The rest which had to be attended to by the Director of Medical Services on sanction from the Government were always lodged because the Government were intent on reducing expenditure.

60. The Director of Medical Services stated that the recommendations were given effect to wherever possible. Where there were technical difficulties they were sent up to Government for sanction. As regards the duties of the Advisory Committee, he said that it was derogatory to the profession and the institution to allow the Members to ask the patients whether they had private consultations with the doctor before admission, etc.

INDIGENOUS SYSTEM AND MODERN MEDICINE.

61. The Director of Medical Services said that the Government of India appointed a Committee in 1943-44 and the recommendation of that Committee was that there should be some synthesis between the two systems, i.e., the people coming out from those institutions should have some knowledge of western medicine. Another Committee was appointed in 1952 and they also emphasised the necessity for integration of the two systems. The question was again under the examination of the Government.

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62. Regarding surgery in the Hospital of Indigenous Medicine, he stated that he knew of no system of "Ayurveda Surgery". Students there were taught surgery and there was a Surgeon for that purpose. The patients attending that hospital were attended to by that Surgeon instead of being sent to the General Hospital. The Director of Medical Services said that the University would not permit the mixing up of the two types of students.

BUILDINGS FOR HOSPITALS.

63. The Director of Medical Services stated that it was not necessary to have extraordinarily strong buildings except for teaching institutions but would suffice if the wards were like the one in Coimbatore District Headquarters Hospital.

COLLEGE OF INDIGENOUS MEDICINE.

64. The Dean of the Hospital of Indigenous Medicine said that the College had been started in 1925 for teaching both systems of medicines, the idea being that the system of Indigenous Medicine was not complete and that the knowledge gained in the modern system of medicine with the aid of science and experiments could be used for the study of indigenous system. The syllabus had not been equal to that of the M.B.B.S. although it was said that it was on a par with that. Various Committees went into that question and they had come to the conclusion that teaching on the modern side in that College was not equal to that of the M.B.B.S. course for purposes of registration. G.C.I.M. was only a diploma recognized by Government and not by the University.

The Committee then adjourned to meet again at 11 a.m. on Saturday, the 30th July 1955.

SIXTH MEETING.

30th July 1955.

The Committee met from 11 a.m. to 1 p.m. in the Committee Room.

PRESENT :

1. Dr. U. Krishna Rao—*Chairman.*

Members.

2. Sri T. Anantha Pai.
3. Sri R. S. Arumugam.
4. Sri N. Gopala Menon.
5. Sri S. Jayarama Reddiar.
6. Sri D. Krishnamurthi Gounder.
7. Sri M. Narayana Kurup.

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8. Sri T. C. Narayanan Nambiar.
9. Sri V. K. Ramaswami Mudaliar.
10. Sri A. Ratnam.
11. Sri S. Swayamprakasam.

Secretariat.

Sri T. Hanumanthappa—*Secretary.*

Witnesses.

1. Sri V. V. Subramaniam, I.C.S., Collector of Madras.
2. Dr. A. Srinivasalu Naidu, Dean of the College of Indigenous Medicine.

65. The Committee proceeded to examine the Collector of Madras who was the President of the Governing Body of the Hospital of Indigenous Medicine.

COLLEGE OF INDIGENOUS MEDICINE.

66. The Collector of Madras, giving his personal views, said that the College of Indigenous Medicine, in its present form, in addition to giving instruction in the Indigenous systems of medicine, gave instruction in allopathy, and produced a "mongrel" type of practitioner. Those practitioners were not properly qualified in allopathy and their standard of allopathic knowledge was not much higher than that of an allopathic compounder. Compounders in allopathic hospitals were not allowed to treat patients. Yet, the Indigenous Medicine degree-holders were allowed to practice allopathy. This was not safe in the interests of the public. Whatever might be said about the merits of Indigenous Medicine, it was a fact that the graduates from that College showed a tendency to practice more allopathy than Ayurveda, Siddha or Unani. They freely prescribed allopathic drugs. For instance, Penicillin was a drug which was certainly allopathic and could not be called Indigenous. Yet, graduates from the College of Indigenous Medicine freely prescribed Penicillin whenever they thought that it would give success.

GROWTH OF MODERN MEDICINE.

67. The Collector stated that every nation had contributed to the edifice of modern medicine as it stood to-day. India had made great contributions in the past (for instance, in the treatment of leprosy) and would do so in future. Other countries had also contributed much to the growth of modern medicine. Allopathic doctors were still groping in the dark and there were many problems which they had not yet solved. The ancient knowledge which went under the head "Indigenous Medicine" might contain much that was useful. That should be examined scientifically. If that was done, it was possible that they might make vital and new additions to modern medicine. The College of Indigenous Medicine was not helping towards that.

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RESEARCH INTO THE DRUGS OF INDIAN MEDICINE.

68. The Collector stated that a separate research department should be created to research into the drugs and the practices of Indian Medicine. The institute should be manned by those who were qualified to do research. They should be allopathic doctors of high qualification. In his view, practitioners purely of Indigenous Medicine were not competent to do research.

STUDENTS IN THE COLLEGE OF INDIGENOUS MEDICINE.

69. So far as the students of the College were concerned, the Collector stated that there were two alternatives. One was to give them instruction only in Indigenous Medicine. The other was to give them instruction in allopathic medicine also, but care should be taken to see that the allopathic instruction was given under the supervision of a competent allopathic doctor and was of such a quality as would enable the students to practice safely allopathic medicine if they wanted.

CHEAPNESS OF AYURVEDIC DRUGS.

70. On the point of cheapness of Ayurvedic drugs, the Collector said that some of the herbs which were prescribed in the ancient texts were first of all not easily identifiable. The terms contained in the ancient texts were now a matter for conjecture, even as the mountains and rivers described in Valmiki Ramayana were now matters for conjecture. Secondly, the herbs prescribed in the texts were not available in the same quantities as before. With the destruction of forests and the opening up of cultivation, wild plants were becoming more scarce and Ayurvedic practitioners would confirm that it was more and more difficult to get medical plants. So, the so-called cheapness of Ayurvedic drugs was a thing which would be less and less in evidence as time went on. Those herbs which research proved to be useful would have to be cultivated artificially. The active principle in those drugs would have to be identified and synthesised economically in the same manner as Indigo was synthesised. If the Lignite Project in South Arcot was a success they would have a flourishing coal-tar industry from which both drugs and dye-stuffs could be manufactured, even as they had been manufactured in the western countries, particularly Germany. Drugs of modern medicine should then be cheaper than they were to-day.

71. The Dean of the Hospital of Indigenous Medicine explained the procedure for the preparation and distribution of drugs in the hospital.

AYURVEDIC COLLEGE AT KOTTAKKAL.

72. The Committee decided to call for information as to whether the Ayurvedic College at Kottakkal was recognized by the Government, whether the students there underwent training for five years, whether it was possible to give them training in allopathy and whether any subsidy was given to that College by the Government.

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EVIDENCE BEFORE THE COMMITTEE.

73. The Committee also decided to invite Sri Sankunni Menon and Dr. Srinivasamurthy to tender evidence before the Committee. The Committee agreed to invite Sri V. Venkatraman, President of the Hospital Workers' Union, Madras, for examination.

VISIT TO THE STANLEY HOSPITAL AND THE MENTAL HOSPITAL.

74. The Committee decided to visit the Stanley Hospital and the Government Mental Hospital.

RECOMMENDATIONS OF THE HOSPITAL ADVISORY COMMITTEES.

75. The Committee decided to ascertain the recommendations of the Hospital Advisory Committees in respect of the General Hospital, the Coimbatore District Headquarters Hospital and the Hospital of Indigenous Medicine for the last one year and the action taken thereon.

The Committee then adjourned *sine die*.

SEVENTH MEETING.**12th September 1955.**

The Committee met from 3 p.m. to 5 p.m. in the Committee Room.

PRESENT :

1. Dr. U. Krishna Rao—*Chairman*.

Members.

2. Sri R. S. Arumugam.
3. Sri N. Gopala Menon.
4. Sri S. Jayarama Reddiar.
5. Sri D. Krishnamurthi Gounder.
6. Sri M. Narayana Kurup.
7. Sri T. C. Narayanan Nambiar.
8. Sri P. B. K. Raja Chidambaram.
9. Sri K. Rajaram.
10. Sri V. K. Ramaswami Mudaliar.
11. Sri S. Ramalingam.
12. Sri A. Ratnam.

Secretariat.

Sri T. Hanumanthappa—*Secretary*.

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DRAFT REPORT ON HOSPITAL SUPPLIES, MEDICINES, ETC.

76. The Committee took up consideration of the Draft Report on Hospital Supplies, Medicines, etc., and approved certain sections with some modifications.

The Committee then adjourned to meet again at 3 p.m. on the 13th September 1955.

EIGHTH MEETING.

13th September 1955.

The Committee met from 3 p.m. to 5 p.m. in the Committee Room.

PRESENT :

1. Dr. U. Krishna Rao—*Chairman*.

Members.

2. Sri R. S. Arumugam.
3. Sri N. Gopala Menon.
4. Sri S. Jayarama Reddiar.
5. Sri D. Krishnamurthi Gounder.
6. Sri M. Narayana Kurup.
7. Sri T. C. Narayanan Nambiar.
8. Sri P. B. K. Raja Chidambaram.
9. Sri K. Rajaram.
10. Sri V. K. Ramaswami Mudaliar.
11. Sri S. Ramalingam.
12. Sri A. Ratnam.
13. Sri S. Swayamprakasam.

Secretariat

Sri T. Hanumanthappa—*Secretary*.

DRAFT REPORT ON HOSPITAL SUPPLIES, MEDICINES, ETC.

77. The Committee resumed consideration of the Draft Report on Hospital Supplies, Medicines, etc., and approved it with certain modifications.

The Committee then adjourned *sine die*.

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NINTH MEETING.

10th November 1955.

The Committee met from 3 p.m. to 4-30 p.m. in the Committee Room.

PRESENT :

Dr. U. Krishna Rao—*Chairman*.

Members.

Sri R. S. Arumugam.

Sri S. Jayarama Reddiar.

Sri M. Narayana Kurup.

Sri T. C. Narayanan Nambiar.

Sri K. Rajaram.

Sri P. B. K. Raja Chidambaram.

Sri S. Ramalingam.

Sri V. K. Ramaswami Mudaliar.

Sri A. Ratnam.

Sri A. Swayamprakasam.

Dr. P. Varadarajulu Naidu.

Secretariat.

Sri T. Hanumanthappa—*Secretary*.

Dr. P. Varadarajulu Naidu, who was elected in the place of Sri N. Gopala Menon, was welcomed by the Chairman on behalf of the Committee.

SIGNING OF THE REPORT BY THE CHAIRMAN.

The Committee authorized the Chairman to sign the Draft Report of the Committee on Hospitals and Dispensaries.

STATISTICS REGARDING THE BED STRENGTH, ETC., IN CERTAIN HOSPITALS.

The Chairman read out a statement received from the Director of Medical Services containing the information on the bed strength, fees collected from the special ward patients, etc. As that was an important statement, it was decided to circulate it to the Members for suggestions, if any, to be sent by the Members to the Committee before 21st November 1955 and to incorporate the statement in the Report as an Appendix.

The Committee then adjourned to meet again at 11 a.m. on Friday, 11th November 1955.

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TENTH MEETING.

11th November 1955.

The Committee met from 11 a.m. to 1 p.m. and 3 p.m. to 4 p.m.

PRESENT :

Dr. U. Krishna Rao—*Chairman*.

Members.

Sri R. S. Arumugam.

Sri M. Narayana Kurup.

Sri T. C. Narayanan Nambiar.

Sri K. Rajaram.

Sri P. B. K. Raja Chidambaram.

Sri S. Ramalingam.

Sri V. K. Ramaswami Mudaliar.

Sri A. Swayamprakasam.

Dr. P. Varadarajulu Naidu.

Secretariat.

Sri T. Hanumanthappa—*Secretary*.

ALLEGED CORRUPT PRACTICES PREVAILING IN THE GOVERNMENT HOSPITALS AND DISPENSARIES.

The Committee decided to add the following paragraph in the report on Hospitals and Dispensaries :—

“ There is a general feeling among the Members of the Committee that there is a certain amount of corrupt practices existing in Hospitals in the matter of admissions, treatment, as also supply of diet. The Committee, however, did not go into the question in detail. The Committee suggest the appointment of a special committee to investigate into this matter.”

The Committee then adjourned *sine die*.

T. HANUMANTHAPPA,

Secretary to the State Legislature.